

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3284-14
Bill No.: Truly Agreed To And Finally Passed SS for SCS for HCS for HB 855
Subject: Insurance - Medical; Insurance Dept.; Mental Health
Type: Original
Date: June 29, 2004

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
Total Estimated Net Effect on General Revenue Fund	\$0	\$0	\$0

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
Insurance Dedicated	\$8,000	\$0	\$0
Patrol Highway Fund	(\$31,574)	(\$65,042)	(\$66,994)
Highway Fund - MoDOT	(\$121,635)	(\$250,568)	(\$258,085)
Total Estimated Net Effect on <u>All</u> State Funds	(\$145,209)	(\$315,610)	(\$325,079)

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 7 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
Local Government	(Unknown less than \$100,000)	(Unknown less than \$100,000)	(Unknown less than \$100,000)

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Economic Development - Division of Professional Registration, Missouri Department of Conservation and Department of Social Services** assume the proposal will have no fiscal impact on their organizations.

Officials from the **Department of Public Safety - Missouri State Highway Patrol** defer to the Missouri Department of Transportation for response regarding the fiscal impact of the proposal on their organization.

Officials from the **Missouri Department of Transportation (DOT)** state the Highway and Patrol Medical Plan covers mental health services the same as medical services and, as result, there would be no impact to the Medical Plan for mental health services. However, the Medical Plan has a thirty-day maximum per plan year for inpatient hospital services and inpatient medical care for the treatment of chemical dependency.

In addition, the Medical Plan has a lifetime maximum of four times the plan year maximum for chemical dependency treatments and services. Because this proposal would require the Medical Plan to cover chemical dependency services with no greater financial burden than medical services, this proposal would have a fiscal impact on the Medical Plan due to the chemical dependency provisions.

ASSUMPTION (continued)

DOT spoke to the Medical Plan's actuary, Watson and Wyatt, and based on their review of a report to Congress in June 2000 by the National Advisory Mental Health Council, they estimated this proposal would result in an increase of 0.7% to 1.4% of total claims due to the annual maximum number of days and lifetime maximum for treatment being removed.

Based on Watson and Wyatt's knowledge of the plan, they believe the plan would demonstrate an increase closer to 0.7% with this proposal/plan design. However, there are many factors that affect mental health/chemical dependency utilization, including economic conditions (job security, financial stability, stress, etc.), catastrophic events (9/11), and provider coding. Westport Benefits reported that the Medical Plan would pay a total of approximately \$45,485,000 in claims for the calendar year 2003. Based on this information, DOT is assuming there would be an increase of approximately \$318,398 ($\$45,485,000 \times 0.7\%$) in total claims to the Highway and Patrol Medical Plan.

The Medical Plan consists of 77% DOT and 23% Patrol participants. Therefore, there would be a fiscal impact of \$245,166 ($\$318,398 \times 77\%$) due to DOT participation and \$73,232 ($\$318,398 \times 23\%$) due to Patrol participation. If usage is greater than anticipated, costs will increase proportionately.

Historically, the DOT and the plan members have shared in any premium increases necessary because of increases in benefits. The costs may be shared in the long run (meaning shared between three categories: absorbed by the plan, state appropriated funds, and/or costs to individuals covered under the plan). However, the Medical Plan, MHTC, DOT, and Patrol must make a decision on how to fund the increase.

Oversight has, for fiscal note purposes, presented only DOT's costs for the Patrol Highway Fund and the Highway Fund - MoDOT. All other fund costs are minimal and could be absorbed within existing resources by the DOT.

Officials from the **Department of Mental Health (DMH)** state to the extent that DMH consumers have insurance coverage, there could be minimal savings to the DMH. However, it is likely that any savings would be offset by increased service utilization of individuals who are currently underserved. At this time, the DMH is unsure of the number of consumers that would be affected by this proposal, the type of coverage involved and/or the amount of insurance coverage. Based on the current understanding that any savings would be offset by additional service utilization costs, the resulting fiscal impact to the DMH would be zero.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** state the proposal requires every insurance company and health services corporation to offer in all health insurance policies,

ASSUMPTION (continued)

benefits or coverage for chemical dependency following minimum standards not to exceed more than twenty-six days per policy benefit period. Coverage for residential treatment would include not less than twenty-one days per policy period and coverage for medical or social setting detoxification of not less than six days per policy period. The coverages shall be subject to the same coinsurance, co-payment and deductible factors as apply to physical illness.

The proposal also mandates the coverage for mental health conditions at the same level as any health condition.

Currently, HCP's Public Entity PPO plan applies some limitation to its benefits. The PPO plan offers a maximum of 90 days per year for mental health, a maximum of twenty-one combined days per year for alcohol and chemical dependency and detoxification at a maximum six days per year with a lifetime maximum of \$50,000. Therefore, this may result in the acquisition of additional risk and could produce a minimal premium increase.

Officials from the **Department of Insurance (INS)** state the INS estimates 160 insurers and HMOs would be required to submit amendments to their policies to comply with this proposal. Policy amendments must be submitted to the INS for review along with a \$50 filing fee. One-time additional revenues to the Insurance Dedicated Fund are estimated to be \$8,000 (160 insurers X \$50).

The INS states that additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy for reviews, the INS will need to request additional staff to handle the increase in workload.

Officials from the **Office of the Secretary of State (SOS)** state this proposal requires health insurers to treat mental health in the same manner as other medical services. This proposal may result in the Department of Insurance promulgating rules to implement the legislation. Based on experience with other divisions, the rules, regulations and forms issued by the Department of Insurance could require as many as 14 pages in the *Code of State Regulations*. For any given rule, roughly one-half again as many pages are published in the *Missouri Register* as are published in the Code because cost statements, fiscal notes and notices are not published in the Code. The estimated cost of a page in the *Missouri Register* is \$23.00. The estimated cost of a page in the *Code of State Regulations* is \$27.00. The actual costs could be more or less than the numbers given. The fiscal impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded and withdrawn. The SOS estimates the cost of this legislation to be \$861 [(14 pp x \$27) + (21 pp x \$23)].

ASSUMPTION (continued)

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process. Any decisions to raise fees to defray costs would likely be made in subsequent fiscal years.

This proposal results in an increase in Total State Revenue

<u>FISCAL IMPACT - State Government</u>	FY 2005 (6 Mo.)	FY 2006	FY 2007
INSURANCE DEDICATED FUND			
<u>Income - Department of Insurance</u>			
Policy Form Filing Fees	<u>\$8,000</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND	<u>\$8,000</u>	<u>\$0</u>	<u>\$0</u>
PATROL HIGHWAY FUND			
<u>Costs - Department of Transportation</u>			
Increase in Contributions	<u>(\$31,574)</u>	<u>(\$65,042)</u>	<u>(\$66,994)</u>
ESTIMATED NET EFFECT ON PATROL HIGHWAY FUND	<u>(\$31,574)</u>	<u>(\$65,042)</u>	<u>(\$66,994)</u>
HIGHWAY FUND - MoDOT			
<u>Costs - Missouri Department of Transportation</u>			
Increase in Contributions	<u>(\$121,635)</u>	<u>(\$250,568)</u>	<u>(\$258,085)</u>
ESTIMATED NET EFFECT ON HIGHWAY FUND - MoDOT	<u>(\$121,635)</u>	<u>(\$250,568)</u>	<u>(\$258,085)</u>

FISCAL IMPACT - Local GovernmentFY 2005
(6 Mo.)

FY 2006

FY 2007

ALL POLITICAL SUBDIVISIONSCosts - All Political Subdivisions

Increase in Contributions

(Unknown less
than \$100,000)(Unknown less
than \$100,000)(Unknown less
than \$100,000)**ESTIMATED NET EFFECT ON ALL
POLITICAL SUBDIVISIONS****(Unknown less
than \$100,000)****(Unknown less
than \$100,000)****(Unknown less
than \$100,000)**FISCAL IMPACT - Small Business

Small businesses would be expected to be fiscally impacted to the extent they may incur additional health insurance costs due to the requirements of this proposal.

DESCRIPTION

This proposal changes the laws regarding insurance coverage for mental illness and chemical dependency. In its main provisions, the proposal:

- (1) Requires all health plans or policies that are individually underwritten or that provide coverage for specific individuals and their family members to include coverage for the treatment of alcoholism. Various policies are excluded from this requirement. This provision becomes effective January 1, 2005;
- (2) Revises provisions pertaining to the offer of insurance coverage for the treatment of chemical dependency. This provision requires all health plans or policies that are individually underwritten or that provide coverage for specific individuals and their family members to provide coverage for the treatment of chemical dependency. The coverage: (a) must be subject to the same co-insurance, co-payments, and deductible factors that are applied to physical illnesses; (b) may be administered by a managed care program; and (c) may be delivered through a system of contractual arrangements. Various policies are excluded from this requirement; and
- (3) Revises provisions contained in the Mental Health and Chemical Dependency Insurance Act. All health plans or policies that are individually underwritten or that provide coverage for specific individuals and their family members can offer the coverage listed in this act. Various policies are excluded from this requirement. These sections become effective January 1, 2005, and will expire on January 1, 2011.

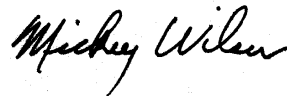
DESCRIPTION (continued)

Health carriers that offer health benefit plans in this state on or after January 1, 2005, are required to provide coverage for mental health conditions. This provision defines "mental health conditions" as those listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, except for chemical dependency conditions. Coverage for mental health conditions: (1) cannot have rates, terms, or conditions that place a greater financial burden on an insured for mental health treatment than for physical health treatment; (2) may be administered by a managed care program; and (3) may be delivered through a series of contractual arrangements. This provision does not apply to certain insurance policies, including individually underwritten insurance policies.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Economic Development -
 Division of Professional Registration
Department of Mental Health
Department of Social Services
Missouri Department of Transportation
Department of Public Safety -
 Missouri State Highway Patrol
Missouri Consolidated Health Care Plan
Department of Insurance
Missouri Department of Conservation
Office of Secretary of State



Mickey Wilson, CPA
Director
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